



Adult Program Trip

Hurdle Mills, NC

Sunday, June 11, 2017

Do you love lavender and nature? Join us for a fun and fragrant trip to the Sunshine Lavender Farm Harvest Celebration. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 9:00am.

Our day will be spent on the farm at the Sunshine Lavender Harvest Celebration. You will have the day to spend on what interests you. Take a farm tour and learn how they plant, harvest, preserve and process the lavender. Bring plenty of spending money. In the morning you can buy breakfast pastries or have a tasty farm fresh lunch. Some recipes will be created with lavender, including lavender ice cold treats. Shop with local farmers for produce & protein at the mini market. Weave a lavender wand, basket or fairy crown or create a lasting sachet in the barn. The Poultry Palace is home to a flock of hens, a pony and horse that welcome you from the pasture. You will be able to purchase seedlings, watch demonstrations and visit the Lavender Garden Shed where they will be selling their handmade lavender products for body, garden, and home. Bring a hat, sunscreen, garden shears, camera and quilt or lawn chair.

We always encourage participants to wear comfortable walking shoes and clothing. The group will arrive back at the Anne Gordon Center in Raleigh at approximately 3:30pm.

Price:

\$14.00 City of Raleigh Resident

\$14.00 Non-City of Raleigh Resident

Price Includes:

Transportation via department bus and admission to Sunshine Lavender Farm Harvest Celebration. Food, activities and purchases at the event are on your own.

Patron Expectations:

This trip has a high volume of walking expected, including some steps, and uneven paths with loose bricks and gravel. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

Cancellation Policy:

Cancellations must be made in writing at least 14 days prior to trip departure date to receive a refund. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

To register return the bottom portion of the back page with payment to:

Five Points Center for Active Adults
2000 Noble Road Raleigh, NC 27608

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink #208389.

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Make checks payable to: City of Raleigh

To Register: Complete the form below and return with full payment to:

Adult Program

Five Points Center for Active Adults

2000 Noble Road Raleigh, NC 27608

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For Additional Information Contact : Adult Program Staff at 919-996-4735 or 919-996-4743

Keep top portion for your records

Hurdle Mills, NC Sunday, June 11, 2017 #208389

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program

Signature of participant

SIGNATURE

SIGNATURE

Date signed

DATE

I understand that there is no one-on-one assistance provided by Raleigh PRCR Adult Program Staff

Initial

INITIALS

Name of Participant _____ Name of Participant _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email: _____

Emergency Contact _____ Primary Phone _____ Secondary Phone _____

NON-DISCRIMINATION POLICY: The City of Raleigh does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of the aforementioned areas may file a complaint with either the Director of Raleigh Parks and Recreation Department or the Office of Equal Employment, US Dept. of the Interior, Washington, DC, 20240. The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need or accommodation is requested in advance. To ensure a medically safe and appropriately planned program, please list (optional) any special needs or precautions which may require program accommodations for participation (i.e. visual or hearing impairment, mental or physical disability, heart condition, history of seizures, allergies, communicable diseases, diabetes, hemophilia, asthma, etc.):

Food Concerns

Office use:

Staff Initials

Date